

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016617

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 172

Primary Registration District No. 4273

Registrar's No. 18

FILED APR 18 1963

1. PLACE OF DEATH

a. COUNTY

LAFAYETTE

b. CITY (If outside corporate limits, give TOWNSHIP only)

CONCORDIA

Length of stay in Td

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

801 ST. LOUIS ST

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

LAFAYETTE

c. CITY

OR

TOWN

CONCORDIA

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

801 ST. LOUIS ST

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

GEORGE DIETRICH STUMPENHAUS

4. DATE

OF

DEATH

Month

Day

Year

April

6

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

JAN 30 1896

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED MEAT CUTTER

10b. KIND OF BUSINESS OR INDUSTRY

LOCKER PLANT

11. BIRTHPLACE (City and state or country)

CONCORDIA MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

DIETRICH STUMPENHAUS

13b. MOTHER'S MAIDEN NAME

CHRISTINE CATTING

14. NAME OF HUSBAND OR WIFE

ELLA STUMPENHAUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES WORLD WAR I

17. INFORMANT

MRS. ELLA STUMPENHAUS

Address

CONCORDIA MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last.

DUE TO (b)

Coronary atherosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

4 hr 30 min

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 9, 1955 to Apr 6, 1963 and last saw him alive on Dec 18, 1962

Death occurred at 11:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

H. H. Anderson, M.D.

(Degree or title)

22b. ADDRESS

Concordia, Mo

22c. DATE SIGNED

4/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/8/63

23c. NAME OF CEMETERY OR CREMATORY

BETHEL

23d. LOCATION (City, town, or county)

CONCORDIA MO

24. FUNERAL DIRECTOR

E. S. James

ADDRESS

Concordia, Mo

25. DATE RECD. BY LOCAL REG.

4-8-63

26. REGISTRAR'S SIGNATURE

Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

1 0540

2 0540x

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 90-0

13 2-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 17 1963

APR 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. S. James
Licensed Embalmer No. 2058

P. O. Address Concordia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.